

**STATE OF WISCONSIN
WISCONSIN DIVISION OF EMERGENCY MANAGEMENT
Pre-Application Form
Section 404-Hazard Mitigation Grant Program
FEMA-4141-DR-WI**

1. NAME OF APPLICANT: _____ COUNTY: _____
2. PRIMARY CONTACT PERSON: _____
TITLE: _____
ADDRESS: _____ CITY: _____
ZIP: _____ TELEPHONE: _____ FAX: _____
E-MAIL ADDRESS _____
3. ALTERNATE CONTACT PERSON: _____
TITLE: _____
TELEPHONE: _____ FAX: _____
E-MAIL ADDRESS _____
4. TYPE OF PROJECT

_____ Acquisition and Demolition	_____ Floodproofing/Elevation
_____ Relocation	_____ Wind resistant retrofit or construction
_____ Localized Flood Reduction (detention ponds, stormwater, etc.)	_____ Infrastructure Retrofit
_____ Education	_____ Safe Room
_____ Development or update of All Hazard Mitigation Plan	_____ Wildfire Mitigation
	_____ Soil Stabilization
	_____ Other
5. MITIGATION PLANNING
Name of All Hazard Mitigation plan: _____
Date Plan Approved: _____
Location of project/mitigation action in Plan (attach copy): Page Number _____
6. LOCATION OF PROJECT (Road or street address, legal description, latitude/longitude, etc. Include legible maps/drawings of the location. Provide a map showing the range and section for the project area.)

7. IS PROJECT LOCATED IN A 100-YEAR FLOODPLAIN? (If yes, attach a FIRM map with the location)
_____ Yes _____ No _____ Floodway _____ Floodfringe

8. BRIEF DESCRIPTION OF PROJECT (If acquisition, what are the plans for the "open land"):

9. BRIEF DESCRIPTION OF THE PROBLEM:

10. BRIEF DESCRIPTION OF DAMAGES AND THE REDUCTION IN FUTURE DAMAGES (include damages to improved property, infrastructure, public safety costs, economic impact, etc.):

11. FREQUENCY THAT DAMAGES OCCUR (Number of times or the years that the event has occurred causing damages, etc.)

12. HOW DOES THE PROPOSED PROJECT ELIMINATE OR REDUCE FUTURE DAMAGES?

13. OTHER ALTERNATIVES CONSIDERED FOR SOLVING THE PROBLEM: (List at least 2. One alternative can be "do nothing.")

14. TOTAL ESTIMATED COST OF THE PROJECT (Attach any supporting documentation available such as preliminary engineering designs, estimated costs from contractors, studies or reports, pictures, etc.):

15. SOURCE OF FUNDING FOR APPLICANT SHARE (12.5%):

ATTACH ANY ADDITIONAL INFORMATION THAT IS PERTINENT TO THE PROPOSED PROJECT AND WILL SUPPORT THE APPLICATION.

RETURN COMPLETED PRE-APPLICATION FORM NO LATER THAN OCTOBER 11, 2013 TO:

**STATE OF WISCONSIN
DEPARTMENT OF MILITARY AFFAIRS
WISCONSIN DIVISION OF EMERGENCY MANAGEMENT
ATTN: STATE HAZARD MITIGATION OFFICER
2400 WRIGHT STREET
P.O. BOX 7865
MADISON, WI 53707**